



# Tot Field Hockey- Spring 2006

## For 5 and 6 Year Olds

**LOCATION:**

**DIXON PARK**

**PROGRAM DATES:**

Each Saturday from April 1 to May 6  
5 and 6 year old program will last from 1:30 p.m. to 2:30 p.m.  
Program will not be held on Saturday, April 15

**REGISTER:**

City: Tues., January 17 – Thurs., March 2  
Non-City: Tues., January 24 – Thurs., March 2  
There will be a limit of 60 registrants per age group.  
Those registering after the deadline will be charged an additional \$20.

**PROOF OF  
BIRTHDATE:**

Birth certificate required at registration.

**STAFF:**

There will be a program coordinator and aides to teach and advise participants.

**THE PROGRAM:**

Tot field hockey is designed to introduce basic field hockey skills and game knowledge in a fun and non-competitive environment.

**FEE:**

\$20 City/\$30 Non-City  
\$20 Late fee after March 2

**INCLEMENT WEATHER:**

In case of inclement weather, please call the cancellation Line at 372-1086, then press 1, and press 1 again, or Listen to B101.5 or 93.3. If we cancel a week, a make-up week will be added at the end of the program.

\*\*Please note, you will **not** be contacted prior to the start of the program. Come dressed and ready to play. Cleats are not encouraged. All children need to provide their own shin guards. All other equipment will be provided for them.



**VOLUNTEERS WANTED!!!**

I would like to volunteer to help with the Spring Tot Field Hockey program.

**Parent's Name:**\_\_\_\_\_

**Child's Name:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

# SPRING TOT FIELD HOCKEY REGISTRATION

NAME: \_\_\_\_\_

GENDER: ☐ M ☐ F

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo/day/year

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ (as of 5/15/06)

PARENT'S NAME: \_\_\_\_\_

PARENT'S DAY PHONE: \_\_\_\_\_

EMERGENCY CONTACT (NOT PARENT):

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGE GROUP	BORN BETWEEN
➤ Tot 5-6	5/16/1999 - 5/15/2001

T-SHIRT SIZE:      YOUTH      ADULT  
☐ M    ☐ L      ☐ S    ☐ M    ☐ L

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO    ☐ YES    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**REGISTRATION DEADLINE:**

**Thursday, March 2<sup>nd</sup>**  
**\$20 Late Fee after March 2<sup>nd</sup>**

## FOR OFFICE USE ONLY:

DATE: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

D.O.B. \_\_\_\_\_ VERIFIED BY: ☐ New    ☐ BC List    STAFF INITIALS: \_\_\_\_\_

AGE WAIVER? \_\_\_\_\_ FEE WAIVER? \_\_\_\_\_ AGE WAIVER FORM ATTACHED? \_\_\_\_\_